North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)

Advisory Committee

April 26, 2007 Meeting Minutes

Attendees

Member/Representatives:

Sharon Garrett	Vision Consulting
Robin Gravely	PBH
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
Pamela Moye	The Guilford Center CFAC
Christy Pelletier	Coastal Horizons
Andy Smitley	Sandhills Center for MH, DD & SAS
LisaCaitlin Perri	The Durham Center
Dave Peterson	Wake LME
Diocles Wells	Southeastern Center

Guests:

John Bigger	SE Regional AHEC
Rose-Ann Bryda	County of Cumberland MH Center
Margaret Clayton	Five County Mental Health Authority
Richard Edwards	Easter Seals UCP NC
Sherri Green	Consultant to NC DMHDDSAS
Paul Hismeh	Danya, Inc.
Sara McEwen	Governor's Institute on Alcohol and Substance Abuse
Janice Stroud	Citizen
Alision Parker	Innovation Research and Training, Inc.

Staff:

Sonya Brown	Justice Team Lead, North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS)NC DMHDDSAS
Spencer Clark	Assistant Director, Community Policy Management Section, NC DMHDDSAS
Becky Ebron	Quality Management Team, NC DMHDDSAS
Sarah Liles	DIRM, NC DMHDDSAS
Jenny Wood	State Operated Services, NC DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS

Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Deena Medley-Murphy	NDRI
Lillian Robinson	NDRI

Meeting Convened at 10:03 a.m. with Self Introductions

January 25, 2007 Meeting Minutes Approved

Missing Initial Report Discussion

❖ Jeannette Barham, Vaynak Damle, Bill Satterfield and Ward Condelli from the Division were present to discuss the NC-TOPPS Missing Initial Report. Two documents were provided: "Criteria for NC-TOPPS Initial Compliance Reports" and an example monthly Initial NC-TOPPS Compliance Report. (Please contact cawley@ndri-nc.org for copies of these handouts.)

❖ Jeannette led attendees through a report explaining what all was involved in determining an Initial to be missing. She described the relationship of the CDW and IPRS data to the Missing Initial Report. Barham indicated that next the Division will begin working on including Medicaid claims into this report.

❖ Long discussion ensued. Attendees had several questions trying to clarify various aspects of the Missing Initial Report, particularly those on timeframes of the various database elements feeding into the Initial Missing Report.

❖ Barham noted that if LMEs find errors, they should contact Ward Condelli at the Division (ward.condelli@ncmail.net) Condelli emphasized the need for any consumer information being shared via email needs to be shared securely according to HIPAA guidelines.

Division Updates: CSAT Review, April JLOC Report, Quarterly Performance Indicator Report

❖ Clark shared that the April Joint Legislature Oversight Committee (JLOC) Report and Quarterly Performance Indicator Report are available at the Division's website.
  o The JLOC report can be found at
    http://www.ncdhhs.gov/mhddsas/statspublications/reports/locstateperformancereport4-07.pdf
  o The Second Quarter SFY 2006-2007, October 1 – December 31, 2006 Community Systems Progress Indicators can be found at
    http://www.ncdhhs.gov/mhddsas/statspublications/reports/cspireport_sfy07q2_2-28-07.pdf

❖ Clark also shared that the federal Center for Substance Abuse Treatment review of the Division went well.

❖ Clark also addressed the NC Attorney General Opinion on the Division not being able to re-disclose Medicaid substance abuse consumer information to LMEs. The Division is assessing the Opinion's ramifications. When the Division determines the consequences and how the Division will address the Opinion's impact, the Division will release a memorandum. Based on the Opinion, Clark believes that a consent form question will most likely be added to NC-TOPPS that will indicate that the

substance abuse consumer has consented to re-disclose (share) his/her information from the Division to the LME under which the consumer is enrolled.

❖ Next CUACS staff presented information on consumers for whom NC-TOPPS is required and NC-TOPPS instructions for emerging LMEs. Two handouts were distributed: "NC-TOPPS Instructions for Merging LMEs and a draft Division memorandum on "NC-TOPPS: Clarification of Required Populations and Instructions for Merging LMEs". The memorandum is not to be shared with anyone else at this point, since it hasn't been finalized.

❖ McNeely and Long walked through the memorandum. The key clarification of required populations is that consumers receiving outpatient therapy or medication management only but are in a non-excluded IPRS target population are required to have NC-TOPPS Interviews. Attendees were asked to review and provide feedback to Cawley or Long by Tuesday, May 1. Clarification was specifically requested on the appropriate terminology of "unmanaged" versus "non-managed". It was decided that "unmanaged" was the appropriate term.

❖ McNeely noted that the "NC-TOPPS Instructions for Merging LMEs" is posted at the NC-TOPPS website. She stated that the NC-TOPPS process follows that of the CDW process for merging LMEs. She emphasized that if anyone has questions about the NC-TOPPS instructions the individual should contact Kathryn Long.

Introduction of SOMMS Technical Assistance (TA) Grant

❖ Clark shared with attendees how the Division received the SOMMS TA grant to create queries for NC-TOPPS. He introduced Paul Hismeh from Danya, the company who received the SOMMS grant. Hismeh introduced the other Danya staff present: Cedric Rogers and Syreeta Garnes. Hismeh began by stating that they were here today to listen to the Advisory Committee's brainstorming and ideas for developing a useful and usable query system.

❖ Hismeh followed his PowerPoint presentation in introducing Danya and sharing Danya's related experience with governmental health and mental health agencies, public health communication, research and evaluation, and information technology. He displayed and discussed several examples of online media product development and support for several customers. He ended with demonstration of dashboards and charting report activity. (Please contact Cawley@ndri-nc.org for the PowerPoint presentation.)

Brainstorming on Queries (SOMMS TA Grant)

❖ McNeely introduced the desire to have Advisory attendees provide input into the query system that is being developed. She shared three handouts to frame the query discussion and brainstorming.

❖ One handout provided example ideas for reason for information, such as quality management; system improvement; improved consumer outcomes; accreditation; and provider quality.

❖ Another handout provided structure for the small group discussions, including
   o Consider what type of information would be useful.
   o Consider why this information would be useful.
   o Consider what presentation best suits this purpose.

- o Consider to whom this information would be useful.
- ❖ The third handout listed potential ideas for the large group to discuss:
  - o Categories
  - o Expectations
  - o Presentation
  - o Utility
  - o Overall features of queries
- ❖ Attendees were formed into four groups to brainstorm on the query system. The following summarizes the feedback from these four groups.
  - o Group 1 Summary
    - ♦ Clinician: Treatment participation, PCP development, Clinical information (e.g. change in substance use, criminal behavior, grades, suspensions/expulsions, sexual/aggressive behavior, hurting self/others, emotional well-being, helpfulness of services, mental health symptoms, GAF scores)
    - ♦ Provider: Using TOPPS for accreditation purposes, outcome measures on clients (to show Board), frequency of use/symptoms, IPRS target pops getting services (to know when money has been used up for a particular target population ...they get this now once it is too late... would like to know this earlier and be able to track themselves), services used (to know where to focus, such as hire staff or expand services)
    - ♦ LME: Expulsions/Suspensions/Grades, Change in residences, Services Needed v. Services Received, "Admissions to" information such as to hospitals (by Provider), consumer choice of provider, participation in treatment, barriers to treatment (NOTE: Andy Smitley said he really wanted to be able to look at service quality information by provider.)
  - o Group 2 Summary
    - ♦ Substance Abuse before and after services via graph
    - ♦ Ability to sort and print information (sort example: by provider, target pop, county of residence)
    - ♦ Know at any point in time which consumers are currently open
    - ♦ Employment
    - ♦ Residence
    - ♦ Arrest
    - ♦ Query any and all questions submitted into NC-TOPPS
    - ♦ Demographic data on initial by provider
    - ♦ Accessibility to programs who is being reached
    - ♦ Consumer ability to choose which provider has better outcomes
    - ♦ Measure of consumer symptom severity
    - ♦ How many (used for quality management, trends analysis, legislatures)
      - ▪ obtained employment
      - ▪ obtained housing
    - ♦ Usage of residential treatment programs
    - ♦ Legislatures will want more visual graphs
    - ♦ Summations for columns (totals by provider)
  - o Group 3 Summary
    - ♦ Quality of Life: physical health, emotional well-being, relationships

- ♦ Reduce use of emergency rooms and hospitals
- ♦ Homelessness
- ♦ Number of arrests
- ♦ Helpfulness of services
- ♦ Services needed and received
- ♦ Drug use (& make their own combination of drugs to look at)
- ♦ "Red flag" consumers
- ♦ Reason moved
- ♦ Reason for discharge
- ♦ Number of consumers that come back after discharged because s/he did not return after 60 days
- ♦ Data broken out by:
  - Disability (SA/MH)
  - Target populations
  - Diagnoses
  - Special populations
- ♦ Look at consumer over time; Look at provider over time
- ♦ Compare providers and see provider alone
- ♦ Use the data to:
  - design training programs...will know what is working and what is not
  - find out about voids in services
- o Group 4 Summary
  - ♦ Type of Information:
    - Reducing drug use/tobacco use over time (Initial to Update to Discharge)
    - Arrests
    - Number of nights in crisis services at Update
    - Family involvement
    - Employment (Initial to Update)
    - Housing
    - Education
    - Suicidal thoughts
    - Taking prescriptions (psychotropic medications)
  - ♦ Audience and reason for information:
    - LME use for grants and report cards for providers (looking at performance) – now implementing "5 Star" status for providers
    - Provider agency to look at performance and how well consumers are doing
    - Clinician to look at individual consumers over time

Annual Review of Online Interviews – Proposed Modifications

- ❖ Cawley shared information on where the management team is on revising NC-TOPPS online system.
- ❖ At this time the following changes are recommended for the NC-TOPPS: SA & MH:
  - o Modifying education item for Adults; looking at improving Adolescent and Child education items
  - o Modifying categories in barriers to treatment item

- o Dropping Child SA Interviews
- o In SA Adult and Adolescent Updates and Episode Completion Interviews dropping item asking what types of SA treatment received
- o Deleting methadone-related items on SA Adolescent Update and Episode Completion Interviews
- o **Under Review:** Condensing categories where possible; assessing need to modify or add a couple of items to satisfy federal SAMHSA's measurement requirements; and dropping CAFAS.
- ❖ The following has been happening with NC-TOPPS: ADATC -
  - o Been piloting
  - o Minor revisions being made
  - o Continue with its implementation
  - o Report template development will begin after July 1, 2007
- ❖ For NC-TOPPS:TASC, we will
  - o Pilot in May and June
  - o Train in June
  - o Begin full online implementation July 1, 2007
- ❖ Based on March 21, 2007 Division Memorandum Division is looking at bringing Developmental Disabilities Consumers under NC-TOPPS. Beginning of SFY 2008, a workgroup will be formed to look at appropriate measures. The goal is to have appropriate tool for SFY 2009 implementation.

Increasing Implementation Roundtable Follow-up
- ❖ None besides developing the query system.

Other
- ❖ None

Wrap Up and Adjournment
  - ❖ Meeting adjourned at 2:45 p.m.